

This blank to be used for children who are blind or have defective vision.

SCHOOL CENSUS of the blind children in the
 or School District No. Two, Frae, Township of Port Austin & Huron, County of Huron,
 State of Michigan, for the school year ending July 13, 1908, as taken by Percy O. Golden,
 during the last twenty days preceding the first Monday in June.

STATE OF MICHIGAN, }
 County of Huron } ss.
 following is a correct list, as taken by him, of the names and ages of all children who are blind or have defective vision, who reside in the
 School District of the City of _____, or in School District No. Two, Frae, Township of Port Austin & Huron
 aforesaid, seven years of age and under nineteen years, as he verily believes, together with the name and address of the parent or guardian, and that said census was taken during the
 twenty days prior to June 1, 1908.
 Subscribed and sworn to this 2d day of June 1908.
 Before me _____
 (Signed) Percy O. Golden above named, being duly sworn, says that the

My commission expires _____

(The census list must be sworn to, to entitle the district to public money.)

NOTICE TO ENUMERATORS.

1. By a law of 1907 each person taking the school census is required to secure the names, ages, residences of all children between the ages of 7 and 19 who reside in the district, ward, or city, and who are blind or whose vision is so defective as to make it impossible to educate such children in the public schools. Names and addresses of parents or guardians must be given also.
2. THE NAMES OF ALL SUCH CHILDREN SHOULD BE GIVEN ALSO IN THE REGULAR SCHOOL CENSUS. This is an extra requirement, and names of such children should be given on this blank in addition to regular census. This is in triplicate.
3. One of these should be filed with the township or city clerk, the other two sent to the County Commissioner and Superintendent of Public Instruction with the other reports.
4. **Make no mistake**, put names of blind children in regular census, then make this special report on three blanks or in triplicate.
5. If there are no blind children or those having defective vision in the district, ward, or city, fill in head of this report and state on the face of the three reports that there are no such children in the district, ward or city.

NAME OF PARENT OR LEGAL GUARDIAN,

NAME OF CHILD,

AGE,

Date of birth of those 7 and 19 years.

RESIDENCE.

Month, Day, Year,

STREET,

No.

Not any in district.

Port Austin & Huron 2nd